15/5/2010

INS. CASE OWNER: | CC 4/QBE1900 3268, R2263 | LKK: IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 21/5/20 Date / Time : 20/5/20

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YK 2212M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 1/2/19 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

YP 2757 →

INSRS:
WSP: Sng
Tel :
Liability : AH TEE
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YP2757-Y YK2212M-Y

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher:	✓	
Final Repair Bill:	✓	
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :	✓	
Medical Bill:		
PIR:		
Mandate/~~Reject~~ Instruction:	✓	
LOD	✓	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 1,600 (3 days) Reduction: 76 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 5/6/2020 Confirm with SHARON	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 1,712.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 645.00 ($ 215 x 3 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐	LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $ 400
Total:	**S$** 2,359.00 **Global Sum S$:** 2,350.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,350.00	Name 1:	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Rahul | REF: | 6100D

ASSESSMENT

From: Date:	Veh No: 4P 2757 Yr Regn: 2015 Nov
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: MITSUBISHI FUSO c.c. 7545
To Inspect Vehicle No:	Colour: BLUE A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading: 185706 T/Radio: Insured / Std / NI / NA
of	Eng/No:
Insured:	C/No: FM65FMA20094
Policy No:	Gen. Cond: Good / (Fair) / Poor / Burnt
Claims No:	Steering: (Inorder) / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: (Inorder) / Jammed / Leaked / Burnt or
(Client's Record)	Modi: (Nil) / S/Rim / STD A/Rim or
Make of Veh:	Tyre Size: F: 11R 22.5 R: 〃
(Policy Condition)	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FIREMAX
Remark: The veh had commenced its repair at the time of inspection. N/S O/S	Front: R/Bal. 8 mm; L/Bal. 8 mm — Rear: R/Bal. 8/8 mm; L/Bal. 8/8 mm
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	
GIA / PR Seen: Consistent? : Yes or No	
Est. Repairs: days Res.: Yes or No	D.O.A. 01/02/19 D.O.I. 20/02/19
Lum Sum: % 3 Val.: Yes or No	Survey held at SNG AH PEE
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

Date/Time, File Pass to? 1) | ☐ : Preli. Report ☐ : Final Report | Days Of Repair: Resurvey No. of Trip:

Date/Time, File Return to? 2)

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech Invs ($) ☐ Weekend ($)

Survey Fee: Transportation ($ + RS SI) Photos Others TOTAL

Report Format :

Lump Sum / I.B.I: ($)